



Incident Report

Print Date/Time: 10/21/2016 15:48

Login ID: ss0100

Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2016-00020792

Incident Date/Time: 10/18/2016 9:38:00 PM
Location: 20TH ST SE / CAVALERO RD
LAKE STEVENS WA 98258
Phone Number: (425) 343-8742
Report Required: Yes
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19N3	SS0130-Rutherford

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	MOOREMEIER, LUKE	1008 86TH AVE SE LAKE STEVENS WA 98258	(425) 343-8742	White	Male	
2	Driver	ROMINE, ANTHONY MICHAEL	3308 97TH DR SE LAKE STEVENS WA 98258	(425) 344-8433	White	Male	05/18/1986

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle	Passenger Car	2005	Chevrolet	K2PU		B84683N	WA
Involved Vehicle	Passenger Car	1993	Chevrolet	T10		C199771F	WA

Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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10/18/2016 : 21:49:43 SP0419 Narrative: TOW COMPANY CALLING IN, OUT W/CHEVY S10, LR419

10/18/2016 : 21:39:51 SP0302 Narrative: RP STATES THERES LOTS OF DEBRIS IN RDWAY, LR302

10/18/2016 : 21:39:13 SP0302 Narrative: CC,NOW, 2 VEH ACC, NON INJ, NON BLKG, RED TRK VS DRK GRY TRK ,

COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E597482**CASE # **2016-0020792**LOCAL AGENCY
CODINGTOTAL # OF
UNITS **02**OBJECT
STRUCKTRIBAL
RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #
DATE OF COLLISION **10** - **18** - **2016** **2138** **31** N ☐ E ☐ IN ☒ S ☐ W ☐ OF **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒**20TH STREET SE**BLOCK NO. ☒**7400**

MILE POST

DISTANCE

50**00**

MILES

☒ N ☐ E ☒ S ☐ W

OF (REFERENCE OR CROSS STREET)

74TH DRIVE SE

UNIT 01

MOTOR
VEHICLE ☒PEDAL-
CYCLE ☐DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

LAST NAME

ROMINE

FIRST NAME

ANTHONYMIDDLE
INITIAL**M**STREET
NEW ADDRESS**3308 97TH DR SE**

CITY

LAKE STEVENS

ST

WA

ZIP

98258

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #**ROMINAM145KQ**

STATE

WA

SEX

MD.O.B.
MMDDYYYY**05****18****1986**ON DUTY ☐

STATUS

AIRBAG **2**RESTR. **9**EJECT **1**HELMET
USEINJURY
CLASS**1**

NATURE OF INJURIES

LICENSE
PLATE #**C199771F**

STATE

WA

VIN#

1GCCT19Z3P0137441TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

1993

MAKE

CHEV

MODEL

T10

STYLE

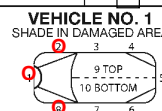
PKVEHICLE TOWED
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒REGISTERED OWNER INFO. **OWNED BY DRIVER**LIABILITY INSURANCE
IN EFFECT ☐INSURANCE CO
& POLICY #VEHICLE
LEGALLY
STANDING YES ☐ NO ☐

CITATION #

CHARGE



UNIT 02

MOTOR
VEHICLE ☒PEDAL-
CYCLE ☐PEDESTRIAN ☐PROPERTY
OWNER ☐DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

LAST NAME

MOORMEIER

FIRST NAME

LUKEMIDDLE
INITIAL**J**STREET
NEW ADDRESS**1008 86TH AVE SE**

CITY

LAKE STEVENS

ST

WA

ZIP

982586433

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #**MOORMLJ141BA**

STATE

WA

SEX

MD.O.B.
MMDDYYYY**01****01****1986**ON DUTY ☐

STATUS

AIRBAG **2**RESTR. **9**EJECT **1**HELMET
USEINJURY
CLASS**1**

NATURE OF INJURIES

LICENSE
PLATE #**B84683N**

STATE

WA

VIN#

1GCHK23235F852921TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

2005

MAKE

CHEV

MODEL

K2PU

STYLE

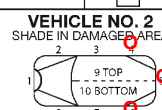
CWVEHICLE TOWED
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒REGISTERED OWNER INFO. **OWNED BY DRIVER**LIABILITY INSURANCE
IN EFFECT ☒INSURANCE CO
& POLICY #**FIRST NATIONAL H2153477**VEHICLE
LEGALLY
STANDING YES ☒ NO ☐

CITATION #

CHARGE



OFFICER'S NAME (PRINT)

R. RUTHERFORD

BADGE OR ID #

130

AGENCY

WA0311900


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E597482**CASE # **2016-0020792**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Vehicle 1 travelling East on 20th Street SE approaching the red stop signal at Cavalero Road. Vehicle 2 had stopped for traffic at the red signal. Vehicle 1 driver said that he wasn't paying attention and collided with the rear of vehicle 2. Driver of Vehicle 1 did not have insurance or a license on his person. Driver of vehicle 1 was identified through his DOL photo on New World Systems. Driver of Vehicle 1 used a private impound to remove the vehicle. Neither driver complained of injury.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

R. RUTHERFORD
10-19-16 12:02 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

C. WELLS 0131
10/19/2016 2:07:55 AM

BADGE OR ID #	130	ORI #	WA0311900	TIME POLICE DISPATCHED	9:39 PM	TIME POLICE ARRIVED	9:43 PM
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REPORT NO. E597482

CASE # 2016-0020792

DATE AND TIME
OF COLLISION 10/18/16 21:38

